CALIFORNIA FORM

## Homeowner 2003 Assistance Claim (for income received in 2002)

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|---|--------|--|
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|                                 | <i>7</i> 10010101100 0.  |                          | (101 111001110 10001100  |       | <del>,</del>  |                                     |                                |
|---------------------------------|--|--------------------------|--|-------|---|-------------------------------------|--------------------------------|
| STEP A                          | Your first name  | Initia                   | Last name  |       |   |                                     |                                |
| Name,<br>address,               | Spouse's first name  | Initia                   | l Last name  |       |   |                                     |                                |
| and<br>social                   | Present home address — number and street, PC   | Box c                    | or rural route   | Apt   | t. no.  | PMB r                               | 10.                            |
| security<br>number              | City, town, or post office   |                          |  | State | ZIP Code  | <br>                                |                                |
| SSN                             | Your social security number  |                          | Spouse's social security number  |       |   | MPORTAN ocial security is required. |                                |
| STEP B<br>Filing<br>Status      |  | line<br>line<br>ncit     | 2 and go to line 3.<br>2.<br>izens<br>United States, go to page 15.                      |       | • 1.<br>• 2a.   | YES Alien Sta                       | NO NO                          |
|                                 | enter your alien status co-<br>line 2a. Then enter your a<br>and your date of entry into<br>3. Check the appropriate bo<br>December 31, 2002:<br>A. 62 years or older (<br>B. Under 62 and blind | de filien the x if y See | Note on page 7, line 3a)   | on    | <ul> <li>2b.</li> <li>2c.</li> <li>A</li> <li>B</li> <li>C</li> </ul> | Nur                                 | gistration<br>mber<br>of Entry |
|                                 |  | of b<br>and p<br>ou ca   | irth MM DD YYYY<br>page 8 to see if you must attach a<br>annot check one of the boxes, S |       |   | Date o                              | of Birth                       |
| STEP C Property Information     | If "No," stop. You do <b>not</b> q<br><b>a. Enter the FULL value</b><br>(after subtracting your  | ualit<br>of y<br>hom     |  |       | 5.<br>● 5a.   | ☐ YES                               | □ NO                           |
| Complete line 5 through line 7. | 6. Is your property used for as well as personal use? If you checked "Yes," ente   | r re?                    |  | C<br> | 6.  | YES                                 | □ NO                           |
|                                 | 7. List name(s) and relatio yourself, who is include See page 9. (Complete p   | d or                     | n your property tax bill.  |       |   |                                     | erson live in<br>e in 2002?    |
|                                 | Name   |                          | Relationship   |       |   | YES                                 |                                |
|                                 | Name   |                          | Relationship   |       |   | ☐ YES                               |                                |
|                                 | Name   |                          | Relationship   |       |   | ☐ YES                               | □ NO                           |
|                                 | Enter your percentage of (Press tab twice)   | of ov                    | vnership<br>   | •     | <b>▶</b> 7.   |                                     | %                              |

| STEP D  | On line 8 through line 13 enter you See instructions on page 10 and   |                                 | hold in              | come        | for th |                    | <b>2 cale</b> ı<br><sub>llars)</sub> | •         | ear.<br>(Cents) |
|---|---|---------------------------------|----------------------|-------------|--------|--------------------|--------------------------------------|-----------|-----------------|
| Yearly income of household members                | 8. Social Security and/or Railroa   | ad Retirement                   |                      |             | 8.     |                    | ,                                    |           |                 |
|   | 9. Interest, Dividends, and/or Ga   | ain (or Loss) .                 |                      |             | 9.     |                    |                                      |           |                 |
|   | 10. Pensions, Annuities and IRA   | distributions                   |                      |             | 10.    |                    |                                      |           |                 |
|   | 11. SSI/SSP, AB, and ATD (Gold C<br>(full year total)   | Check). See pag                 | ge 10                |             | 11.    |                    |                                      |           |                 |
|   | 12. Rental and Business Income  | (or Loss). See                  | page 10              | )           | 12.    |                    |                                      |           |                 |
|   | 13. Other Income (including wage  | <b>es).</b> See page 1          | l1                   |             | 13.    |                    |                                      |           |                 |
|   | 14. SUBTOTAL. Add line 8 through  | line 13                         |                      |             | 14.    |                    |                                      |           |                 |
| STEP E Adjustments to income                      | 15. Adjustments to Income. See p  | page 11 and pa                  | ge 12 .              |             | 15.    |                    |                                      |           |                 |
| STEP F Total household income                     | 16. TOTAL HOUSEHOLD INCOME<br>Subtract line 15 from line 14. If<br>\$37,676, you do not qualify. I  | line 16 is more                 |                      |             | ▶ 16.  |                    |                                      |           |                 |
| STEP G Property tax paid and homeowner assistance | 17. PROPERTY TAX FOR 2002/20 DO NOT INCLUDE SPECIAL O Amount on line 17 cannot exce See page 12. You must attach a  | OR DIRECT AS<br>ed 1% of the fu | SESSM<br>ıll value   | ENTS of the | home   | Э.                 |                                      |           |                 |
| claimed   | You do not have to complete line 18. If you stop here, we will figure the amount of assistance for you.   |                                 |                      |             |        |                    |                                      |           |                 |
|   | 18. Homeowner assistance claim See page 13  |                                 |                      |             | 18.    |                    |                                      |           |                 |
|   | Reminder  |                                 |                      |             |        |                    |                                      |           |                 |
|   | If this is your first year filing a Homeowner Assistance claim and you did not receive SSI, please provide proof of your age, disability, or blindness.   |                                 |                      |             |        |                    |                                      |           |                 |
|   | If you filed a claim last year and are under 62 years old, you will need to provide proof of your temporary disability if you did not receive SSI. (This is an annual requirement.)   |                                 |                      |             |        |                    |                                      |           |                 |
| STEP H  | Caution: To avoid delay of your chec<br>mail to: FRANCHISE TAX BOARD, P   |                                 |                      |             |        |                    |                                      | n belov   | v, and          |
| Signature,<br>date, and<br>telephone              | I authorize the Franchise Tax Board to match my name and the information provided herein, as well as information necessary to process my claim, against information gathered from public records, the files of the Department of Health Services, and other state or federal agencies to confirm my eligibility for the Homeowner Assistance Program. |                                 |                      |             |        |                    |                                      |           |                 |
| number  | Under penalties of perjury, I declare that this claim and all statements regarding my eligibility and citizenship or alien status, including accompanying schedules and any additional information I may provide to the Franchise Tax Board are to the best of my knowledge, true, correct, and complete.   |                                 |                      |             |        |                    |                                      |           |                 |
| Sign Here   | XClaimant's signature   |                                 |                      |             |        | _ Date_            |                                      |           |                 |
|   | Claimant's Daytime Telephone Numb   |                                 |                      |             |        |                    |                                      |           |                 |
| Paid<br>Preparer's                                | PREPARER'S SIGNATURE  | Date                            | Check if self-employ | red 🗌       |        | r's social se      | curity nur                           | nber/PTIN |                 |
| Use Only  | FIRM'S NAME (OR YOURS, IF SELF-EMPLOYED) AND ADDRESS >  |                                 |                      |             |        |                    |                                      |           |                 |
|   | o not write in this space   |                                 | 7                    | not w       | TELEPH | ONE (<br>his space | )                                    |           |                 |
|   | mile opace  | L                               |                      | D D         |        | I space            | A                                    | R         | RES             |
|   |   |                                 |                      |             |        | 1                  |                                      | 1         | 11              |

## **Worksheet to Figure the Amount of Homeowner Assistance, form FTB 9000**

If you want, we will figure the amount of homeowner assistance for you. You may, however, figure this amount by completing line 1 through line 9 for those items that apply to you. Complete only if the full value of your property as shown on your 2002/2003 property tax bill is more than \$34,000 after subtracting your homeowner's or veteran's exemption. 1. Enter the full value shown on form FTB 9000, line 5a  $\dots$   $\dots$  1.  $\frac{\$}{}$ 2. Divide \$34,000 by the amount on line 1 above (100% maximum) . . . . . . . . . 2. Complete only if your property is used for rental and/or business purposes as well as for your home. 3. Enter the percentage of your home devoted to your personal use shown % Complete only if there are owners (other than you and your spouse, or the parents, children, grandchildren [or their spouses] of you or your spouse) listed on your property tax bill who do not live in your home. 4. Enter the percentage of your ownership shown on form FTB 9000, line 7 . . . . . 4. Figure the amount of homeowner assistance. 5. Enter the property tax for 2002/2003 shown on form FTB 9000, line 17 ...... 5. \$ 6. Enter the lowest percentage from line 2, line 3, or line 4 above. % 7. Multiply the amount on line 5 by the percentage on line 6. Enter this amount 8. Find your total household income on the schedule below and enter the 9. Homeowner assistance. Multiply the amount on line 7 by the percentage 

## **Homeowner Assistance Schedule**

|        | l household<br>me is | Your                        | If your total household income is |          | Your                        |
|--------|----------------------|-----------------------------|-----------------------------------|----------|-----------------------------|
| From   | То                   | percentage of assistance is | From                              | То       | percentage of assistance is |
| \$0    | \$9,418              | 139%                        | 20,724                            | 21,351   | 59%                         |
| 9,419  | 10,046               | 136%                        | 21,352                            | 21,979   | 54%                         |
| 10,047 | 10,674               | 133%                        | 21,980                            | 22,606   | 49%                         |
| 10,675 | 11,302               | 131%                        | 22,607                            | 23,233   | 45%                         |
| 11,303 | 11,931               | 128%                        | 23,234                            | 23,863   | 41%                         |
| 11,932 | 12,559               | 125%                        | 23,864                            | 24,490   | 36%                         |
| 12,560 | 13,186               | 122%                        | 24,491                            | 25,117   | 32%                         |
| 13,187 | 13,814               | 119%                        | 25,118                            | 25,745   | 29%                         |
| 13,815 | 14,442               | 116%                        | 25,746                            | 26,373   | 26%                         |
| 14,443 | 15,071               | 113%                        | 26,374                            | 27,001   | 23%                         |
| 15,072 | 15,698               | 110%                        | 27,002                            | 27,629   | 20%                         |
| 15,699 | 16,326               | 106%                        | 27,630                            | 28,257   | 17%                         |
| 16,327 | 16,955               | 100%                        | 28,258                            | 29,828   | 15%                         |
| 16,956 | 17,583               | 94%                         | 29,829                            | 31,397   | 12%                         |
| 17,584 | 18,210               | 88%                         | 31,398                            | 32,968   | 10%                         |
| 18,211 | 18,838               | 83%                         | 32,969                            | 34,537   | 9%                          |
| 18,839 | 19,466               | 77%                         | 34,538                            | 36,107   | 7%                          |
| 19,467 | 20,093               | 71%                         | 36,108                            | 37,676   | 6%                          |
| 20,094 | 20,723               | 65%                         | \$37,677                          | And Óver | 0%                          |

## Line 7 – Names on Your Property Tax Bill

List the name(s) and relationship(s) of anyone, other than yourself, who is included on your property tax bill. Indicate whether they lived in your home in 2002 by checking "Yes" or "No."

Enter 100% as your percentage of ownership if the name(s) listed on your 2002/2003 property tax bill include only your spouse or any of the following persons related to you or to your spouse:

Parents:

- Grandchildren or their spouses.
- Children or their spouses; or

If your interest in your property is a recorded life estate, you are entitled to assistance on the tax assessed on your property.

**Note:** Death or divorce ends the relationship of any individual above who is related to the claimant only by marriage.

Complete the following worksheet only if there are owners on your 2002/2003 property tax bill other than the relatives listed above and each owner has an equal percentage of ownership. If each owner does not have an equal percentage of ownership, do not complete the worksheet, go to line 7 of form FTB 9000 and enter your percentage of ownership.

| 1. | Total number of owners listed on your 2002/2003 property tax bill1.   |
|----|---|
| 2. | Number of owners, other than those listed above who did not live with you during the period January 1, 2002, through December 31, 2002                |
| 3. | Subtract line 2 from line 1   |
| 4. | Divide the amount on line 3 by the amount on line 1. This is your percentage of ownership of the home. Enter this percentage on form FTB 9000, line 7 |